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## Facsimile Cover Sheet

**To:** Commissioner for Patents

Examiner: John D. Ulm  
Primary Examiner  
Group 1800

**Company:** U. S. Patent and Trademark Office

**Location:** Box AF

Washington, D.C. 20231

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**From:** Maria Laccotripe Zacharakis, Ph.D.

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**Attorney Docket No.:** MNI-062GR2DV1

**Serial No.:** 09/587,111

**Group Art Unit:** 1646

**Date:** April 11, 2003

**Sent By:** Jenn Torpey

**Pages including this  
cover page:** 51

**Message:**

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In re the application of: RORY A.J. CURTIS

Serial No. 09/587,111

Filed: June 2, 2000

For: NOVEL MEMBERS OF THE CAPSAICIN/VANILLOID  
RECEPTOR FAMILY OF PROTEINS AND USES THEREOFCase Docket No. MNI-062CP2DV1

COMMISSIONER FOR PATENTS

Box AF

Washington, D.C. 20231

Sir:

Transmitted herewith for filing in connection with the above-identified application are the following:

- ☒ Amendment and Response to Final Office Action (14 pages);
- ☒ 131 Declaration Pursuant to 37 C.F.R. §1.131 including Exhibits A-D (31 pages);
- ☒ Request for One-Month Extension of Time (1 page) (in duplicate); and
- ☒ Statement of Limited Recognition Under 37 C.F.R. §10.9(b) (1 page).

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA
TOTAL	28	MINUS	04	-	0
INDEP	6	MINUS	14	-	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM					

SMALL ENTITY	
RATE	ADDIT FEE
x 9 =	\$ 00
x 42 =	\$ 00
x 140 =	\$ 00
TOTAL ADDIT. FEE	\$0.00

OTHER THAN A SMALL ENTITY	
RATE	ADDIT FEE
x 18 =	\$0.00
x 84 =	\$0.00
x 280 =	\$ 00
TOTAL	\$0.00

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-0080. A duplicate copy of this sheet is enclosed.
  - ☐ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
  - ☐ Any patent application processing fees under 37 CFR 1.17.
- ☒ Please charge any additional fees or credit any overpayments associated with this communication to our Deposit Account No. 12-0080. A duplicate copy of this sheet is enclosed. Applicants request any extensions of time necessary to respond.

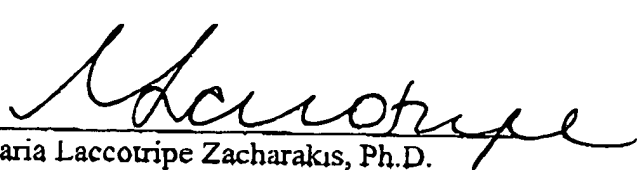
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I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Box AF, Washington, DC 20231 on:

April 11, 2003  
DateMaria Laccorripe Zacharakis, Ph.D.  
Limited Recognition Under 37 C.F.R. §10.9(b)

Respectfully submitted,

LAHIVE &amp; COCKFIELD, LLP

  
 Maria Laccorripe Zacharakis, Ph.D.  
 Limited Recognition Under 37 C.F.R. §10.9(b)  
 Attorney for Applicant